

REPORTS INVENTORY						CONTROL NO. <i>DD5/oc-073</i>	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Office Estimates and Revisions for Congressional Budget Submission						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL LOGISTICS MEDICAL		TRAINING SECURITY <input checked="" type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify) COMMUNICATIONS	
4. NO. OF COPIES PREPARED 12		5. FREQUENCY (weekly, monthly, quarterly, etc.) Yearly			6. DISTRIBUTION (No. of components not number of copies) 3		
7. FORMAT (memorandum, form computer print-out, etc.) Form		8. ADP PROCESSING <input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO			9. DIRECTIVE AUTHORITY REQUIRING REPORT Circular A-11-O.M.B./OP		
10. PREPARING COMPONENT (include lowest level contributing information to report) OC-A/B&F				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Automated Budget Control System			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-15	11.74		50		587.00		587.00
GS-13	8.60		100		860.00		860.00
GS-10	6.27		100		627.00		627.00
GS-09	6.02		40		240.80		240.80
GS-05	3.15		8		25.20		25.20
							<u>2,340.00</u>
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Comply with directive for submission of annual budget estimates for inclusion in Agency submission to the Office of Management and Budget.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS STAT	
16. DATE OF INVENTORY 1 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Chief, Budget & Fiscal Branch, OC					18. EXTENSION